

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470





LOBBYIST REGISTRATION FORM 30 P3:39

(See back of this form for instructions)
(Type or Print Clearly)

PART I LOBBYIST	(Type of Fil	HATE ETHIC	5 Cult Harana	N .
PART I LOBBYIST NAME(Last)	(First)	(Middlo)		
	•	(Middle)		TELEPHONE
Endo-Omoto MAILING ADDRESS (Street)	Darcy	L.		547–5600
(000.)		(City)	(State)	(Zip Code)
P.O. Box 3196		lonolulu	HI	96801
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE				
Goodsill Anderson Qui	inn & Stifel			547-5600
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
Same as above				
PART II ORGANIZATION				
NAME OF ORGANIZATION YOU L	LOBBY FOR (Do not abbreviate)			TELEPHONE
Altres, Inc.				591–4000
MAILING ADDRESS (Street)	·	(City)	(State)	(Zip Code)
967 Kapiolani Bouleva	ard H	Ionolulu	HI	96813
NAME OF PERSON RESPONSIBL	LE FOR PREPARING ORGANIZATIO	N'S EXPENDITURES STATEN	1ENT	TELEPHONE
Clark Halloran				591–4000
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
Same as above		(Oity)	(State)	(zip code)
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Services		Science, Technology & Conomic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Re International Affairs	elations, 🔲 T	ourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	X Labor & Employmen	t T	ransportaion
Culture, Arts, Historic Preservation	Health	Planning, Land & Wa Use Management	iter C	Other: (indicate below)
Ecology, Energy, Environmental Protection	Housing	Public Safety & Corre	ections	
Eliviorimental Fotodion				
PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
Q Y Cons		•	12813	·
	(Signature of Lobbyist)		128 19 (Date	<u></u>
	(Signature or Lobbyist)		, , , , , , , , , , , , , , , , , , , ,	<u> </u>
PART V AUTHORIZATION	ON TO LOBBY			
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Barron Guss		President		
NAME OF ORGANIZATION (if app	plicable)			TELEPHONE
Altres, Inc.				591–4000
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
, , ,	1	lonolulu	HI	96813
I hereby authorize the above—named person to engage in lobbying activities on behalf of the undersigned.				
(Date)				